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000570 7590 08/24/2004

AKIN GUMP STRAUSS HAUER & FELD L.L.P.  
 ONE COMMERCE SQUARE  
 2005 MARKET STREET, SUITE 2200  
 PHILADELPHIA, PA 19103-7013

09/24/2004 RMEBRAH1 00000042 10660001

01 FC:1501	1330.00	DP
02 FC:1504	300.00	DP
03 FC:8001	30.00	DP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/660,001	09/11/2003	John Gorczyca	384-28U1 (13761)	5922

TITLE OF INVENTION: METHOD OF OFFSET VOLTAGE CONTROL FOR BIPOLAR IONIZATION SYSTEMS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	11/24/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
BENENSON, BORIS	2836	361-212000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. **Use of a Customer Number is required.**

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Akin Gump  
 2 Strauss Hauer  
 3 + Feld, LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

RESIDENCE: (CITY and STATE OR COUNTRY)

Illinois Tool Works Inc.

Glenview, Illinois

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

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 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number \_\_\_\_\_ (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

John D. Simmons

Typed or printed name

John D. Simmons

Date

September 20, 2004

Registration No. 52,225

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